

72/085

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	94	1085	10-4-01
<b>RESPONSE FORMALITY REVIEW</b>	AM	917	01-07-02

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	6/11/01
Original	6/11/01
1	6/11/01
2	6/11/01
3	6/11/01
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50	6/11/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

926 10/05/01  
S.S.  
e/65/02